



MISSOURI ETHICS COMMISSION

**EXEMPTION STATEMENT OF LIMITED ACTIVITY
FOR CANDIDATE WHO FILED STATEMENT OF EXEMPTION**

M.E.C. ID NO _____

1. STATEMENT DATE

OFFICE USE ONLY

2. CANDIDATE'S NAME (AS IT APPEARS ON BALLOT)

3. CANDIDATE'S ADDRESS

4. CANDIDATE'S PHONE NUMBER

Home: () -

Work: () -

5. DATE OF ELECTION

6. TYPE OF ELECTION (CHECK ONE)

☐ PRIMARY

☐ GENERAL

☐ SPECIAL

7. TIME PERIOD COVERED BY THIS STATEMENT

FROM

THROUGH

8. OFFICE SOUGHT

9. TYPE OF REPORT:

JAN 15 QUARTERLY REPORT OCT 15
☐ APRIL 15 JULY 15 ☐

10. POLITICAL SUBDIVISION

☐ 8 DAYS BEFORE ELECTION

☐ 30 DAYS AFTER ELECTION

11. CANDIDATE'S STATEMENT

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE CANDIDATE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 7 ABOVE.

CANDIDATE'S SIGNATURE

EXEMPTION STATEMENT OF LIMITED ACTIVITY

INSTRUCTIONS

PURPOSE: Form ES-LA is to be filed by candidates who previously filed a Statement of Exemption.

ELIGIBILITY: Candidates who filed a Statement of Exemption are required to complete and file the Exemption Statement of Limited Activity.

CONTENT OF FORM:

- Item 1: Enter the date this statement is being filed.
- Item 2: Enter the candidate's full name as it will appear on the ballot.
- Item 3: Enter the candidate's mailing address.
- Item 4: Enter the candidate's home and business phone numbers, including the area code.
- Item 5: Enter the date of election for which this statement is being filed.
- Item 6: Indicate the type of election for which this statement is being filed.
- Item 7: Enter the beginning and closing dates of the period covered by this statement.
- Item 8: Enter the title of the office which the candidate is seeking.
- Item 9: Indicate the type of report for which this statement is being filed.
- Item 10: Enter the name of the political subdivision or district (state representative district, county, etc.) in which the candidate is seeking office.
- Item 11: The candidate must sign this statement.

MISSOURI ETHICS COMMISSION

Post Office Box 1254
Jefferson City, Missouri 65102
(573) 751-2020
(800) 392-8660

**CONTACT THE MISSOURI ETHICS
COMMISSION OR YOUR LOCAL ELECTION
AUTHORITY FOR FURTHER INFORMATION**